



Community Champions Programme

**Conversations With
Community Groups
April 2022**

Appendix 8

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Introduction

In April 2022 Support Northamptonshire (SN) and United African Association (UAA) organised a number of one to one conversations with 50 black individuals and held 4 focus groups. These events were conducted by SN's Asha-Deep team with people from the Indian community and by UAA's team with people from the African and African-Caribbean communities, all in Northamptonshire.

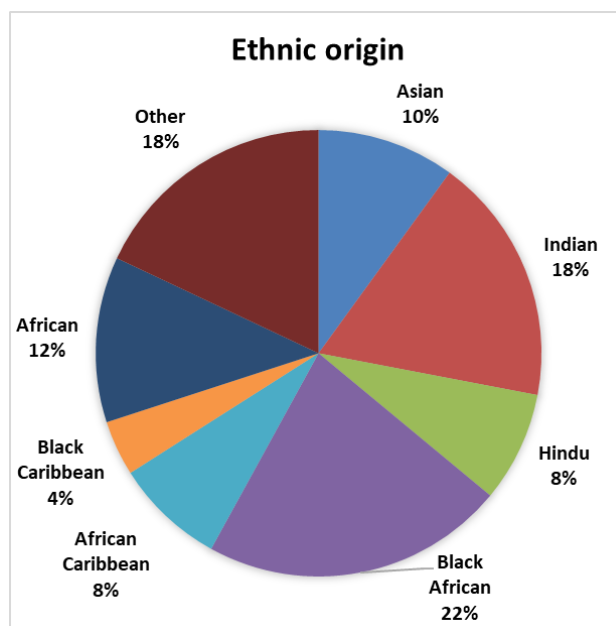
The purpose of the conversations was to find out about people's experiences of Covid, what support they accessed, what they thought about that support, what was missing and what they and their communities now wanted.

The people we talked to have all accessed SN's and UAA's support programmes over the last two years. These programmes included the Community Champions projects funded by central government and by Northamptonshire's two councils and which ran from April 2021 to April 2022. We sought feedback from the beneficiaries of those programmes. Detailed reports on the activities and outcomes of the Community Champions project have already been provided to the councils. We now report on the conversations and focus groups.

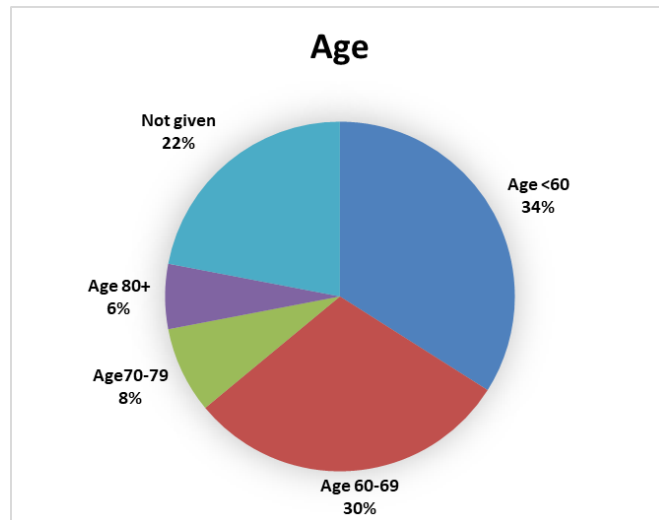
The demographic profile of the people we spoke to

In the one to one conversations we asked people to give their ethnic origin, their age and if they had a disability (including a long term health condition).

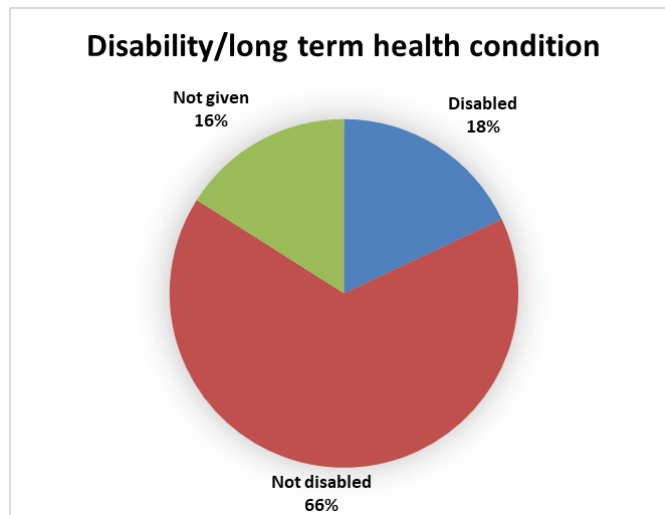
This chart shows the ethnic origin of the participants, using their own words



This chart shows the age ranges. The participants from the African and African-Caribbean communities were generally younger than those from the Indian communities.



The disability profile is as follows:



The four focus groups included people from Northampton, Wellingborough and Corby. Two groups were held with people from the Indian community and two with the African and African-Caribbean community. The total number of attendees were as follows:

	One to one conversations	Focus groups
SN Asha Deep	29	57
UAA	25	12

The structure of the one to one conversations with individuals

Each conversation used a structured questionnaire. Each section of the conversation began with a statement and we asked people to say if they agreed or disagreed with it using a 5 point scale. This provided quantitative data which we present on charts showing the question we asked. We then followed up with further questions which provided qualitative data and quotes from individuals which we summarise.

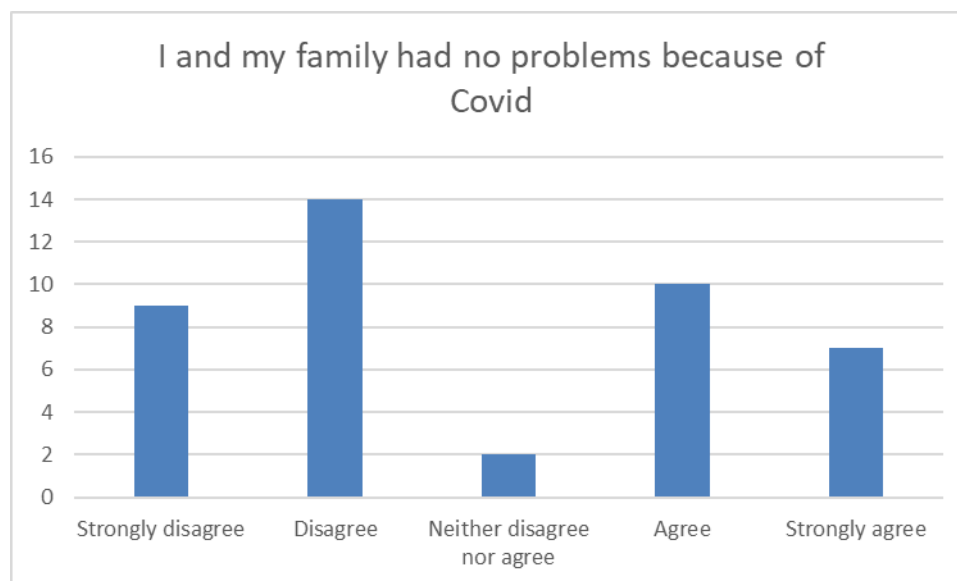
The focus groups used a set of similar questions.

The sections below summarise the responses from the one to one conversations and the focus groups. Quotations from individuals are in italics.

Experiences of Covid

One to one conversations

We began with the following statement.



A majority disagreed; they had specific problems. Only 8 people mentioned that they or members of their immediate family tested positive but we believe that more had direct experience of infection. For some the outcome was serious as illustrated by these quotations:

My husband and I both got Covid, unfortunately he did not make it

When the Ambulance was called during my illness it took 17 hours to arrive then on arrival to the hospital, treatment was not available. Left unattended for many hours. Had to be helped by strangers

Uncle passed away with Covid. With the restrictions I was not able to help with the arrangements.

Those who said that they had no specific problem with Covid infection had other problems which were exacerbated by the pandemic, for example, non-covid health issues, homelessness, financial problems, for which they sought support. The impact is illustrated with these quotes:

I was pregnant, I was in a refuge after escaping an abusive marriage. ... movement was restricted, I could not leave my room as everyone had to self isolate and even going for a walk was prohibited. This period lasted several months.

Emergency travel to another country was very difficult. My father died abroad during the pandemic

Generally people reported that they suffered from isolation and loneliness, impact on children's education, delayed operations and cancelled family events such as marriages. Financial problems escalated and more became depended on food banks.

The focus groups

We asked: We have lived with Covid since March 2020. What has your experience been in the last 2 years?

People talked about some of their problems during the pandemic and the impact on their lives. Within the African and African-Caribbean communities there were particular problems of food poverty, risks of homelessness, delays in renewing visas from the Home Office resulting in loss of work, and difficulties in getting GP registrations. People became increasingly reliant on UAA's services. In the Indian communities, people talked about the loss of contact with their families and communities.

But generally, the conversations in the focus groups reflected how they responded and adapted. A common theme was about how people adopted IT, especially Zoom. Some found this difficult and need a lot of support. This emerges again in questions about the support that people require, which is referred to below.

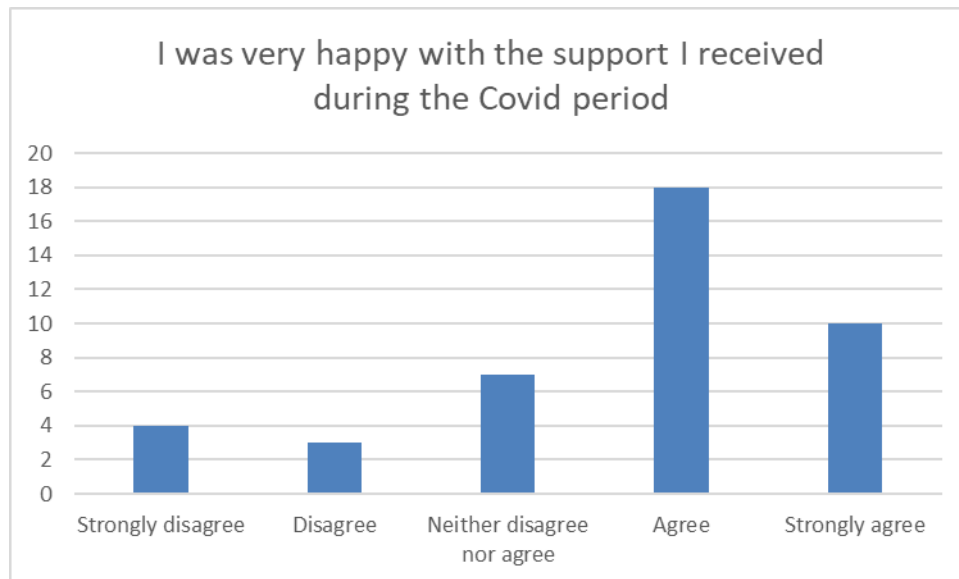
We also asked: If you could describe your experience of Covid in the last 2 years in 3 words what would they be:

Terrible, terrible, terrible
Life changing experience
Suffered ever since

The Support accessed during the Covid period

The one to one conversations

We used the following statement:



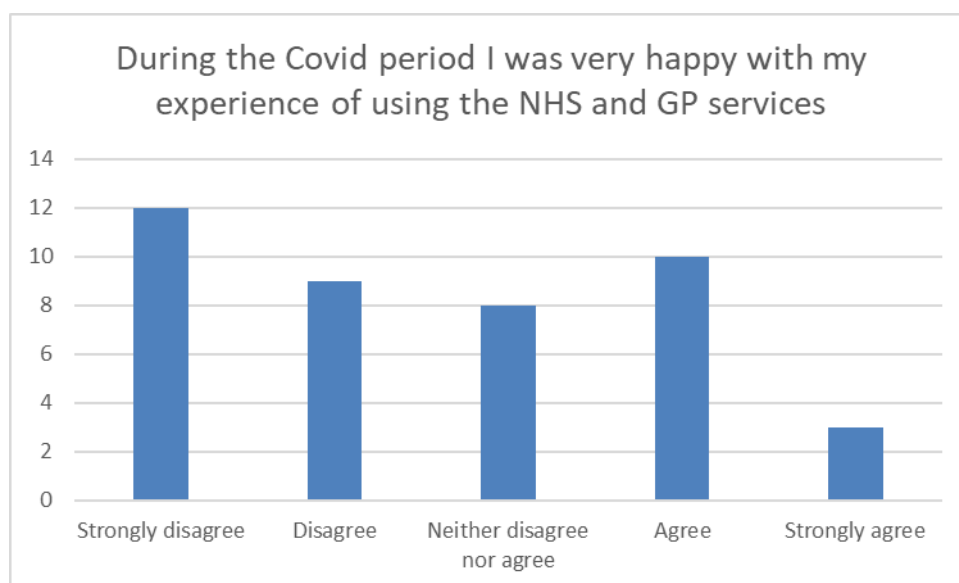
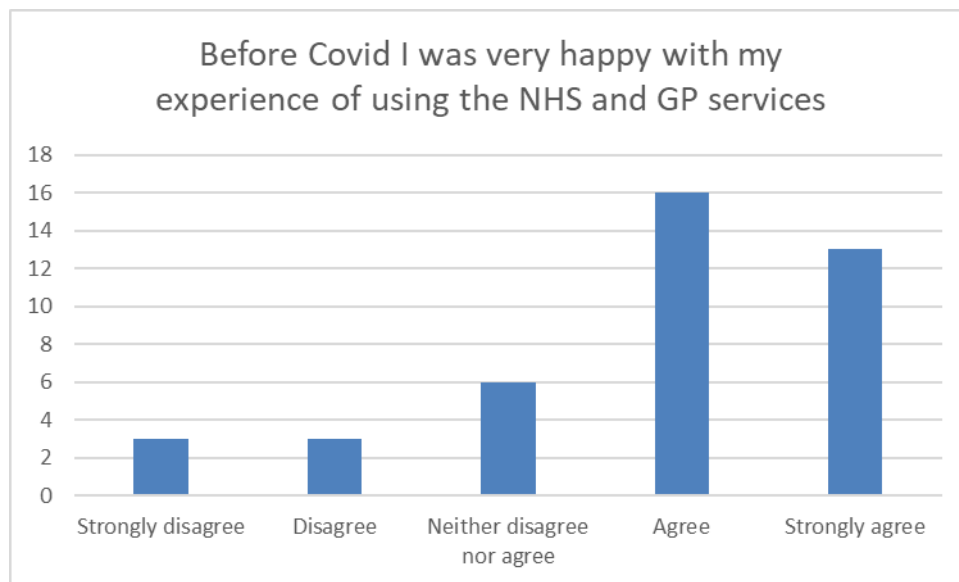
Most people were happy with the support they received. Most relied on family, friends and their local community and on services from SN and UAA, which we detail later in this report. People used GP and NHS services and we refer to this in more detail below. There were very few references to other local services, but there were some referrals as illustrated by this quote:

Northamptonshire Domestic Abuse Services referred me to the United African Association as they were concerned about my isolation. Since then I have developed friendships, met people, had food parcels, called on them to assist with paperwork, some maintenance

GP & NHS Services

The one to one conversations

We asked people about their experiences of GP and NHS services before and during the pandemic.



Before Covid struck, the majority were satisfied with their GP and NHS services but that changed significantly during the pandemic. People cited the difficulty in getting appointments, GP surgeries not answering the telephone or long queues for responses, the lack of face to face consultations, delays in hospital referrals and deferred operations.

Long waiting on the phone to get through for appointments

Getting hold of GP was difficult – getting appointments was just impossible – no one was answering the phone calls or hugely delayed responses

However, the pressure on the system was understood, and people sympathised with staff:

They did their best

NHS was working really hard to keep everyone safe

But the level of service was variable around the county. Some did have positive experiences:

Positive experience in the hospital for a minor operation – very organised but also fact that they went ahead with operation in the lockdown – even though a bit delayed

Those with disabilities or long term health issues inevitably found a reduction in the level of service with an impact on their wellbeing.

The focus groups

The health services were greatly valued by all, and while people understood the pressures on the services from Covid, they were disappointed with the reduced level of service that they had experienced. They recognised that Covid meant longer waiting lists and that it will take time for the service to catch up.

On the positive side, some had good experiences of hospital appointments. There were few people in the waiting areas and they were seen on time. Some mentioned that they were referred to private hospitals for treatment and had a good experience. The vaccination service was seen as having worked well.

On the negative side, there were difficulties in accessing services as mentioned in the one to one conversations, and some added that they had difficulty with some services due to lack of IT access or skills. Telephone consultations from GPs were not seen as effective as face to face. Also, there were language and cultural issues, some problems in getting registered at GP surgeries and a feeling that black people faced discrimination in some situations.

Feedback on SN and UAA Services

The one to one conversations

We asked people to respond to this statement:



People were very happy with the support that they had received. The following services were particularly valued:

SN's Asha Deep services	UAAs services
Meals service	Food parcels
Covid information and resources (LFT, PPE)	Covid information and resources (LFT, PPE)
IT skills training	IT skills training
Weight Management	Exercise sessions
Diabetes Management	African drumming
Swimming	Swimming
Singing	Support for immigration issues
Walk & Talk	Socialising
Exercise sessions and Yoga on Zoom	Vaccination support

The food bank provided by UAA was used by most of the respondents.

Some quotes:

Very good for mental health – therapeutic

A big variety in different projects

Supported with LFT kit, showing how use, checking appointment and IT support and on loan ipads

One factor which comes through very strongly in the conversations is the importance of technology:

Needed to teach mum IT usage for online ordering to keep safe – elderly people needed to be educated very quickly as if housebound unable to get out

... elderly needed more support if no support available in the household

... most helpful was being able to engage through zoom sessions. Zoom became my lifeline. Sense of community has been created through the pandemic with zoom

But there are issues that need to be addressed:

Within communities, lots of misinformation being forwarded on by family members and friends – without realising the info was incorrect

The focus groups

All the groups were very positive and appreciative of the support they had received. The following quotes illustrate the feedback provided:

SN's Asha Deep services	UAAs services
<i>Supported people who were isolated, depressed and anxious</i>	<i>The foodbank has helped us a lot, it has been relied on very heavily by the African community</i>
<i>Feel part of the Asha Deep community we have all been through very tough times together</i>	<i>The IT courses have been great and the learners feel they are getting into the digital age</i>
<i>Help to get to vaccination clinic was really good thing</i>	<i>The 1-2-1 support has been most valuable as the Community Champions provide a high level of care and understanding as well as good networks to try and resolve issues</i>

Looking Forward

In both the one to one conversations and in the focus groups we asked what could be done to improve services, what services were still needed and what gaps needed to be filled.

Generally, our respondents did not want to lose the support that they had received over the last two years.

All CCs support and services are very appropriate for people's needs at the moment – especially for those stuck at home, especially learning how to use the internet platforms

The UAA foodbank is still seen as essential, and with rising food prices this is unlikely to change in the short to medium term.

Addressing social isolation is also seen as important:

Please invest in the community organisations so that they can develop friendship and social activities to reduce isolation especially for single mothers

... more face to face sessions in the community hall and outdoors and trips

People hope that the NHS can get back to normal soon but also they would like services to be more community based. Access to services is an on-going issue:

NHS services to reach out to people, specialist health services to work in the community

People feel that the various activities offered in the Community Champions programme (Walking, Swimming, Music, Exercise sessions, Yoga, Social etc) all improve their health and wellbeing. They would like them to continue.

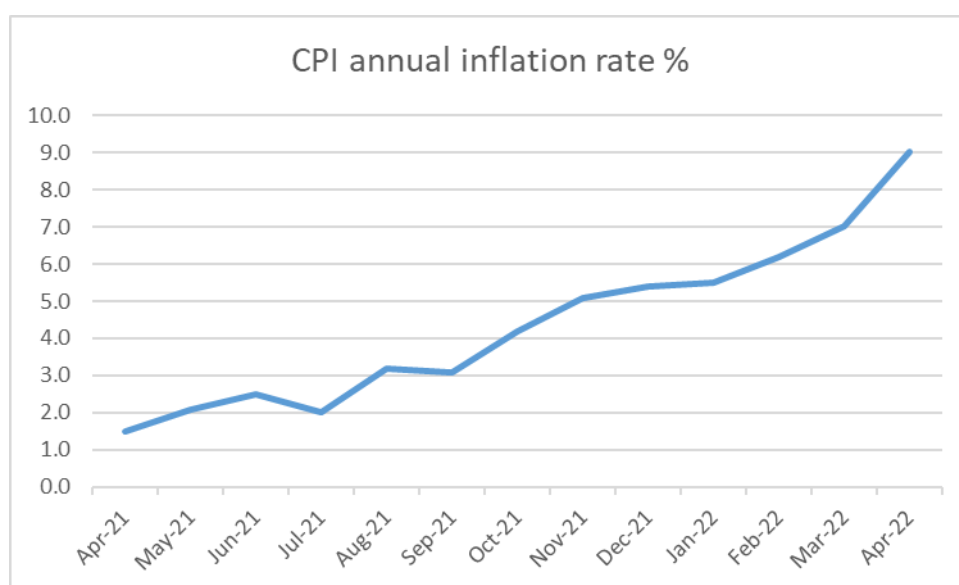
There is a continuing demand for IT support and for devices for those who cannot afford to buy their own.

Conclusion

In 2021 SN published a report on research demonstrating the disproportionate impact that Covid had on black communities (see reference below). We identified a range of social and economic factors that resulted in black communities suffering a higher risk of infection and a higher mortality rate than white communities. Black communities also have barriers to accessing health care and a higher level of vaccine hesitancy. Our Community Champions programme was designed to address these issues. The conversations and focus groups we have held show that we have made a positive impact which has been appreciated by communities.

The covid pandemic has abated in England, but risk of infection and illness, especially for those with other health issues, has not gone away. At the time of writing, the impact of the further evolution of the disease is unknown. There is a need therefore for continuing vigilance and the maintenance of support services for vulnerable communities.

We also now have other issues from inflation, especially in food and fuel. Inflation has risen rapidly over the last year as shown in this chart:



Source: Office for National Statistics (ONS)

Some people, especially in African and African-Caribbean communities, are already suffering from food poverty and have been reliant on food banks. This rise in inflation will put them under increasing pressure. This is particularly the case for food where basic low price goods have increased in price at a rate higher than the average inflation rate. ONS data shows that, for example, prices for pasta increased by 50%, bread by 16% and rice by 15%. And fuel prices are also increasing at a higher rate than other goods and services.

A recently published report by the Food Standards Agency (see reference below) demonstrates that food insecurity was more prevalent among those on lower incomes; Millennial and Gen Z respondents; people living in larger households; and for Asian, Black, African and Caribbean people and that food bank dependence has increased substantially.

The need for the support services that the Community Champions programme provided has not ceased. Circumstances have changed over the last year but the need for support continues.

References

Support Northamptonshire “The Disproportionate Impact of Covid-19 on BAME Communities”
A report presenting the findings of Support Northamptonshire’s Asha Deep project and a summary of published research May 2021

Food Standards Agency report June 2022

<https://www.food.gov.uk/sites/default/files/media/document/The%20UK%20Public%27s%20Interests%20Needs%20and%20Concerns%20around%20Food%20-%20Main%20UK%20report.pdf>